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Immigration and Our Social Problems

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The movement of population which has gone on since Abraham's time supplies one of the most interesting subjects of discussion, depending as it has upon so many causes as conquest, famine, religion, politics, economic conditions and to-day the activities of governments and transportation companies. But this afternoon I propose that we limit ourselves to some aspects of the problems which have grown out of the immigration to Canada since 1900. During the census period, 1901-1911, there came into Canada 1,715,326 immigrants, who increased the urban population in cities over 5,000 by 62.5%, and in rural Canada by only 17.6%. Since that time the number in fifteen years has increased to 3,099,000 with much the same relative distribution. It is apparent that the effect of this undue localizing of population in cities must directly affect production and the cost of living.

With railway building for ten years demanding much labour, it was, however, natural that many immigrants previously farmers would go to this new work giving cash payments, while families were usually left in some tenement in a terminal city. The effects have not been wholly bad in a social sense of this settling in towns of foreigners; but it has greatly increased our city problems. That such a social uplift and development could be possible as where in North Winnipeg the vote for and against prohibition broke even, and that it carried by a good majority in Saskatchewan with so high a continental population pays the highest possible compliment to the influence of education and free municipal institutions upon thousands of foreign peoples whose customs and modes of thought were quite different to ours. When as in Saskatchewan, through the votes of the municipalities there are already 22 district hospitals, which with the agitation at present going will shortly become as many more throughout the wide scattered settlements of the Province, we obtain, with the multiplication of schools, the best gauge of how rapidly foreign immigrants may become Canadianized.

Just how far, however, the urban socializing influences growing out of a rapid increase in city population can be said to be of an elevating

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or permanently satisfactory character may be questioned from a remark made in a Social Survey of a Western city. This states: "In most Western towns, prominent if not dominating, are real estate, wheat, party spoils, and other forms of money making." In a similar report on a rapidly growing Ontario town I find "There may be said to be three distinct grades of society, the more well-to-do living in the best residential quarters, who have made a competence from real estate investments, the artisan class, consisting chiefly of English-speaking people—and the ever-increasing horde of unskilled workers, Ruthenians, Russians, Italians." And a note from another speaking of the three social classes within Class A, says: "There may be recognized a self-constituted 'smart set,' composed of those who have made money rapidly and do not know how to spend it sensibly."

It will be of interest to note the distribution of the total immigrants for 16 years by nationalities:

British, 1901-1916	1,168,292
United States, 1901-1916	1,095,375
Continental	835,681
British, 1911-1912	138,121
United States, 1911-1912	133,710
Continental	82,406
Total Homestead entries in 1911-1912	29,775
British Homesteaders	7,944—1 in 17
United States Homesteaders	13,038—1 in 10
Continental Homesteaders	8,793—1 in 9

I fancy that to those who have followed closely our immigration and are interested in its social and economic aspects these figures will prove startling. Although it may not be even approximately correct owing to the number of children not being given, we shall assume that each homesteader had an average of the same members of his family, say three. It would then mean that every third family of foreigners went on the land, somewhat less for the Americans, with but one in every six British. Remembering that there were as well great purchases of land for speculative purposes by Americans and others we might almost adopt a new classification as distinguishing our three types of immigrants—as being indicated by *man-power*, by *money-power* and by *manners-power*. Of course the alternative of homesteading is coming to our cities; while the comparison shows that it is the British class that have chiefly come to our cities. Now there need be no reflection made in this classification. Indeed, if it is assumed that we need and want immigrants, then it is plain that, if they are to be British, we must take them as they come, or one in five as an agriculturist, since this is their ratio at home. As regards my *man-power* class, I find it cropping up everywhere as railway navvies; while in towns like Fort William of 22,000 population, one-third are Continentals most largely engaged as dock labourers. We know that it is the Ruthenians and Italians who are especially our street workers in

Toronto. As regards *money-power* class or Americans, they are found everywhere with the Eastern Canadians as the big farmers of the prairies and are playing a most important part both in material development and in stimulating the North-west Provinces to new and progressive ideals. As regards our large British class of immigrants that I call the *manners-power* class, I need not say that we all are intimately acquainted with them, since it is to Ontario in the East that they have especially come. And we welcome them! They have increased our social amenities; since we have them in the domestic sphere, in the shop and artizan class and in upper social circles. They are our own blood-relations, and for better or worse they are one with us and we do not greatly need to educate them, while perhaps they may help to socialize us. Nevertheless, with all their qualities they have in the past and do create for us our largest city problems. We may examine any year's immigration report and we find that many more British have had to be deported than of any other. Thus taking a single year as 1908-9 it had 146,908, of whom 52,901, or rather more than one-third were British, 1255 of a total of 1748 were British deports. It was for years the practice of the Immigration Department to pay a certain amount to the hospitals of the North-west for caring for immigrants unable to pay, who became ill within the first year of their coming to Canada, and it was found that over 80% of these were British. Similarly in the returns of the Feeble-minded Clinic of the Toronto General Hospital for 1914-15, it was shown that of 425 persons feeble-minded, 203 were Canadian, 133 British and 61 not indicated; 7 American, and only 11 Continental. Of these 168 came from the Juvenile Court, while of the few Continentals the Hebrews seem to have been the most numerous.

All will agree with me that the statistics I have given are not pleasing to us who are British-Canadian, in a word Anglo-Saxon; and yet they will serve to point us in certain directions to which I wish you with myself to give serious attention. We all are aware that on this Continent it has been the traditions, education and social ideals of the Anglo-Saxon as in Great Britain, that have placed the race superior in the eyes of the world to all others. They were the first immigrants, and it is they who have been in a position to take advantage of the wonderful material developments of this Continent, as have the British with their industrialism, for a century and a half. They have become very largely the capitalists, the speculators, the traders of the world. They have developed the inevitable artificial life of our cities, which through the press has impressed itself upon the whole people of this Continent. Socially they take the first place; they set the pace in manners and morals and in the amenities which signify so much to us. They have developed and created certain types of thought and action; while in the United States where the movement of life has been so rapid and the means for its satisfaction have been so simple, they have come to represent a social life in which the gratification of the sentiments, desires and ambitions of the individual has become in practice their religion. Remember that in New

England divorce is so common that there is a divorce for about every ten marriages, that the fruitfulness of families is so little that there are not three children to a marriage, creating a fertile tendency toward divorce. It may not have occurred to many to analyze the meaning and effect of these facts and their relation to the deliberate refusal of our Anglo-Saxon people to bear their fair share of the more humble, less luxurious, and more laborious duties required of any people who are to maintain that superiority physical, mental and moral, which has been the high position of our race in the past.

It seems inevitable, then, if the immigration after the war is to continue in anything like the same proportion as in the past, that the British people will crowd still more into our cities; and the evils which have grown up through urbanization in the Old Land will be added yet more to these I have incidentally illustrated. The process is likely to equally continue amongst ourselves. Has it occurred to many of us to consider how limited are the occupations and activities toward which our young men and women throughout Canada actually turn to? There are professions, business, manufactures, shops, teaching, nursing—hardly any devoting themselves to production. Of all whom we meet every day how many ever dream of becoming farmers, gardeners, horticulturists, in potentially the most fertile, well-watered and climatically most perfect Province in the world?

Do we expect that if we native Canadians think so poorly of our country's development along normal lines of agriculture that British people coming to us without any knowledge of the country or of agriculture and with usually so little capital, will think of taking up an occupation which we refuse to engage in ourselves and indeed which we look upon too often as only suitable for the unskilled labourers from Southern Europe? We must see clearly that the competition for an existence, where nearly all are devoting their energies along the narrow grooves which I have indicated, must grow ever more intense, its rewards become less and its physical and moral effects be inevitably degenerating.

I have thought it well before such an audience as this of thoughtful, educated persons, to refer to these facts so directly the outcome of that immigration by which Toronto increased from 1901 to 1911 by 81%; because whether we wish it or not we are going to be face to face with a situation after the war of the most serious character. We learn that 400,000 are now engaged directly or indirectly in munitions work, while probably 400,000 soldiers will after the war be returning to resume life in Canada. More than this, we see commissions sitting in England to discuss means whereby the British soldiers who seek a home across the seas may find a welcome and an opportunity for making good amongst us. We know the cost of living has risen to unprecedented figures and that production is either stationary or but slowly increasing. Are we to simply sit and wait for such to make urban congestion more intense, the standard of living yet lower for all with the independence of the individual becoming ever less?

I admit quite readily that it will require young men and young women of nerve and initiative to break away from the old life and become pioneers in new and untried fields of action. If it be said by the nursing profession that as the 12 hospitals in Ontario in 1880 with 5,000 patients have increased to 91 and the patients to 85,000 annually, so their services are needed, then this must mean that such an increased number of patients have resulted from modern habits and modes of life as have lessened the vitality of our people and are rapidly leading to degeneracy just as we have seen in the increasing numbers in our clinics for the feeble-minded. If I am told that deurbanization is not the affair of those of us who have established ourselves in urban occupations, then we must surely think of the possibilities of maintaining those remaining in the country in a happy, prosperous social life. Have we thought of the possibility of working out some form of social activity whereby the trained nurse might carry her experience into rural homes, become the exponent of a higher mode of living by organizing classes for cooking, nursing and the cultivation of social amenities?

But someone asks how is such a thing to be made possible without governmental and municipal assistance? I am free to confess that it seems to me very difficult, unless this be in some way associated with consolidated schools where the teaching of science seriously as applied to agriculture becomes a practice. But why not this? In many parts of Ontario the country schools where 50 pupils once went are reduced to ten or twenty and even less. It is apparent that teaching under such conditions must be discouraging and in large degree lacking in results both to teacher and pupil. This means that the old rural life which has so degenerated as to have lost in some places 10 to 20 per cent. of population in ten years, must be reconstructed socially as well as economically. The life of the boy and girl, as of their parents, must there be adequately satisfied by at least some of the amenities present on every hand in our cities, and the assistance in this both socially and economically must come from our cities. Realize the fact that every boy and girl born in the country, who leaves it at twenty years, robs it of at least $2,000 which it has cost to rear them and that rural Ontario lost during the last census period at least 200,000 persons and we can see what an enormous loss of capital has taken place to be directly removed and brought to Toronto or other city to be added directly to the working capital of the large industries, which utilize their labour at ever increasing profits at the expense of youth, energy and often health—often for a mere living wage.

It may be quite true that we in the cities have become greatly interested in dealing with the problems of over-crowding, under-employment and inadequate compensation, which seems inevitable accompaniments of an overgrown industrialism; but, as the figures given show these efforts will at the best be but an attempt to sweep back the incoming tide, which will surely destroy health, freedom, initiative and individual character since the social settlements, hospitals and charities are only attempts at panaceas for social diseases, which must be prevented, since they never

can be wholly cured. This work is like that of the old-time physician in the days before Preventive Medicine in which he attempted to cure, but knew not yet the greater glory of preventing diseases. If under a wise Providence diseases came to him, he must calmly accept the inevitable, since to doubt their being a chastisement of the people would have been questioning the Divine goodness. Nevertheless I dream of the time when our national life shall be whole, an organism which functions normally and whose parts are vitalized from a common source, a central full-blooded heart, as large as the needs of our whole community, in which the individual can do his part because he is joined to the body politic through a blood-stream giving ample nutrition to the whole. This means that the old Anglo-Saxon heart must be the centre; that it must animate and control the many other racial influences which come amongst us, by assisting each into its proper economic place, by educating their uninformed minds, by encouraging them in all social endeavours and by so controlling all that no matter from what corner of the earth the immigrant comes he will be so impressed by his environment that unconsciously and automatically he will have to march in time and full accord with the mighty forces which are, we hope, forging us into a great free liberty-living and duty-performing people.

Nursing Problems of British Columbia

(By Margaret E. Johnson)

The longer I thought of this subject, new problems kept presenting themselves to my mind. I am not going to attempt to solve them for you, but to present a few for your thought and consideration.

One of the problems that has been under consideration for some years in the nursing profession is, How the people of moderate means in sparsely settled districts may have good nursing care. Provision is made for the care of poor people by the Victorian Order in Canada, which is doing a noble work.

One solution offered at the National Association in Winnipeg last year was to bring English trained mid-wives to this country. But in the Old Country I think the work of the mid-wives has been more in the crowded cities. They are only trained in one branch of work, and as there is no training school or provision for any supervision of mid-wives in Canada as there is in England, I don't think they would be of much benefit in this country. It is the general all-round trained nurse we want in every district of British Columbia, and I feel that our nursing profession should grapple with the question and not leave a stone unturned until we have every district in British Columbia available to trained nursing.

How is this to be done? Impossible for the private nurses to undertake the work without some organization to guarantee salaries. The Victorian Order has small hospitals with two nurses in some places. One looks after the patients in the hospital, the other does visiting nursing in the surrounding country. A Municipal Hospital with one or two graduate nurses who could combine hospital work, visiting nursing, school nursing, and public health work, would be a great blessing in any community, and just here the practical nurse or attendant under supervision could do very useful work. For after all the care of the home is a great factor in the recovery to health of the sick mother. Not but what many of our graduate nurses are doing all these things in the homes, especially in rural districts.

The work is hard; accommodations very inadequate. But what a great and noble work! A student home missionary, in giving in his report of work in a district, said: The hospital is a splendid log building where many tired mothers, lonely homesteaders and dying men were cared for by doctor and Christian nurses, who seek not only to heal the body, but the soul. I beg of you to remember your nurses. They are the women who are building up this Canada of ours. What a noble tribute to the pioneer nurses! These hospitals could be a home and centre for the district nurses. Let the people pay a fee for services rendered. The Government pays a grant to every public hospital, and the only other way I can see for the support of the work would be to tax the same as for schools.

This work would require the very best trained nurses, as they would meet with all sorts and conditions of people. The drug fiend, the alcoholic, the dupes of the patent medicine habit, the poor, the shiftless and feeble-minded, the ignorant.

Another problem that nurses should be interested in and work for is the tubercular patient. How can we help eradicate this disease from British Columbia? If we could realize that one patient suffering from tuberculosis was the means of spreading the disease on an average to seven or ten people, we would work harder for the means whereby every patient suffering might be isolated until taught how to care for themselves and prevent infecting others. We should have more sanitariums supported by the Government.

In some parts of the United States they are beginning to establish colonies for poor people suffering from tuberculosis. This colony and farm system may be a practical solution of expense.

In British Columbia we have one tuberculosis sanitarium supported by a society, with some help from the Provincial Government, which accommodates about 100 patients. It is crowded all the time and good work is being done. We have one visiting nurse in Vancouver who is doing good work in the homes. But there are hundreds of patients walking our streets and through our country infected, without any care being taken to prevent infection. This is something for us to think about.

Another problem is the care of the feeble-minded. About 25 per cent. in our reform schools and penal institutions are feeble-minded or mentally defective. It is also said 50 per cent. of our professional prostitutes are mentally defective. Now if 25 per cent. of our reform schools and penal institutions and 50 per cent. of our fallen women are mentally defective, does not a great need present itself for segregation? Homes for these people are absolutely necessary, and who is better fitted to superintend them than graduate nurses?

Then there is need in British Columbia for more homes for orphan children with graduate nurses as matrons; hospitals for the treatment of patients suffering from alcoholic and drug habits. There is no place but one general hospital for them and special treatment is needed for patients of that kind.

There is also great need in British Columbia for private nervine hospitals, where patients suffering from extreme nervousness or mental condition could be sent for treatment and observation. I have had many calls to admit patients of that class to my private hospital, a few of which I undertook to care for. Some recovered and went home. Others had to be sent to the insane hospital. But I do feel that mentally sick patients should have the best skilled nursing care and that our state mental hospitals should have a training school for nurses affiliated with the general hospitals.

If I am not mistaken, our provincial mental hospital in New Westminster does not employ a graduate nurse. I do feel that the care of the mentally sick should at least be under the care of a fully qualified professional nurse. Another problem in B. C. is how to have good training schools in our small hospitals, for the small hospitals will predominate in British Columbia for many years. I trust the time is very near when the small hospitals can affiliate with the large ones and a standard curriculum for British Columbia training schools be established. That brings us to another problem which our association has been working on for five years—State registration—and as you all know, the bill was before the House last year, but on account of the undesirable changes made in some clauses it was thought best not to let it pass the House in its mutilated form. But let us not be discouraged, but continue to work for the bill. Three points which are very important are embodied in our bill: A Board of Examiners composed principally of nurses; graduate nurses only to be allowed to register as R. N.'s, the necessity for provision being made for inspection of training schools, with the right of regulating standard curriculums. So let us continue to work for the bill. These are a few of the nursing problems of British Columbia that I leave with you to think over, discuss and act upon. Don't for a moment think there is no work for nurses except hospital positions and private nursing. Many avenues of work are open for nurses.

I am very glad to know that one of our members has been chosen to edit and manage our "Canadian Nurse" Magazine, and she asks the coöperation and help of every British Columbia nurse to help

make it a success. I can see much evidence in every edition of the magazine, success that is sure to come under its efficient manager.

Then I was glad to see one of our members, a graduate nurse, appointed sanitary and health inspector in Vancouver, and we shall hope before long to hear something of her work.

The work for nurses has never been so broad as at the present time, and nurses have never been in such demand. British Columbia has sent over 125 nurses to the front, and every month calls are coming for fifteen or twenty B. C. nurses to go overseas to help in the great work of caring for our sick and wounded soldiers. Many of our soldiers are coming back to Canada and B. C. in all sorts of conditions, surgically, medically and mentally, and we must be ready to give of our best for their care. No branch of work during this great war struggle has touched the hearts of the people more than the medical and nursing care of our soldiers, and their return to all parts of the world will mean a new outlook and a broadened interest in scientific mehods of caring for the sick. The loving and faithful ministry of our doctors and nurses will leave an impress on the soldiers of the world which will never pass away. May we all strive to be worthy of our calling.

Bute Street Hospital, Vancouver, B. C.

Susan E. Tracy, R.N.

(By Mary Barrows)

[A nurse who took from the home to her profession a mind trained to be resourceful and hands trained for use; who in her profession considered nothing too small to be pressed into the service of resourceful mind and trained hands toward her profession's end—the establishment of a healthy mind in a healthy body wherever need exists.]

"What first turned your attention to the value of occupation?" is the usual question that is asked Miss Tracy. Every nurse has known that illness and convalescence tax all her resources; every nurse has known that a patient's thought should not be allowed to dwell upon himself and his troubles. But here is a nurse who not only used scraps of waste paper, bright colored rags, bits of string, eggshells and orange peel to while away time, but who has added a new subject to the nurses' course of study, a subject now recognized as of great value as an aid to recovery.

When we look for the impulse back of Miss Tracy's specializing in occupation for invalids we find the most natural of causes. From childhood up the usual amusements in her home had been what the schools now call "handwork," many hours being spent happily, for instance, in cutting from paper all the furnishings of the different rooms of a house. From combined motives of education and economy the four children of the family made all their toys and gifts, instead of buying. For entertainment, related objects were studied and were drawn. So when as a nurse Miss Tracy found herself responsible for removing the tedium of lagging hours, she turned to her own earlier occupations.

During her training as a nurse at the Mass. Homeopathic Hospital, Boston, (from which she was graduated in 1898) Miss Tracy says she always noticed particularly patients who during their stay in surgical wards worked at some individual industry with much benefit to themselves and to the spirit of the ward. One woman embroidered up to the minute she was taken to the operating room; another crocheted elaborate trimming while lying on her back after an abdominal operation; a third, a young girl who was the life of the ward, was constantly busy through a long illness that ended in amputation of a leg.

After graduation, among the first patients was a little girl at the hospital, and much time was spent on paper work, because the material was "on the spot." For several years of private nursing, occupational treatment both for children and for adults was the natural medium for such a nurse to employ. While carrying on the course of study in Hospital Economics at Teachers College, opportunities were taken for observation in the Manual Arts Department and in the kindergarten.

Directly from Teachers College in July, 1905, Miss Tracy went to the Adams Nervine Asylum, Jamaica Plain, Mass., to take charge of the training school for nurses. At that time the only instruction in invalid occupation was given by a student who came once or twice a week to teach a little basketry, chair-caning, etc. It was felt, however, that this was insufficient and a building was just started which was designed to provide a suitable room to which patients should be sent for occupational treatment. During the months occupied by the building of this house Miss Tracy was asked by the superintendent to teach the patients in her own apartment. Here they came daily and a great deal of home bookbinding was done. Up to this time no nurse had been included in the instruction but as the new building was completed Miss Tracy felt that the privilege of study of occupations should be extended to the nurses as they would certainly need the knowledge in their private nursing after graduation. With the hearty coöperation of the superintendent, Dr. Daniel H. Fuller, now of Pennsylvania Hospital for the Insane, Philadelphia, Miss Tracy arranged a course for nurses to be given during the summer when other classes were suspended. This course soon became an all the year subject, every nurse receiving ten lessons. Miss Tracy taught the nurses' classes and many patients who were too ill to go to the regular room. The formal teaching of patients was done by the resident teacher who was in charge of the occupation room.

The work soon began to attract attention of other schools and illustrated talks, lectures and exhibitions were given in many institutions.

In "Occupation Therapy," in his historical sketch, Dr. Dunton has recorded that Miss Tracy was the first to give systematic training in Occupation. Previous to this time, 1906, interest in occupation had centered in the hospitals for the insane with the double motive of diverting the patients' activities from harmful outlets and of saving money for the institution through the labor, in some cases from the exploitation, of the patients with no consideration of the results to them.

It should always be remembered that in Invalid Occupation, the branch of nursing as developed by Miss Tracy, *the patient is the product,* not the article that he makes. The latter is merely the by-product and from the point of view of the craftsman it may be excellent or quite the reverse. If the patient's condition is improved, the work is good. A patient who is seriously ill must not be taxed with anything but a "trifle."

Examination of the first course given at Adams Nervine shows that it was no accidental grouping of trifles, however. Any person trained in crafts may be able to teach them, but the trained nurse must adapt them to the invalid. Knowledge of anatomy, of disease and its progress, of the reactions between mind and body, all are needed to guard against the grave dangers of unfit occupation. The wrong piece of work, or the right one at the wrong time, may be as grievous in results as the administration of the wrong medicine. Imagination plays a leading part, too, in choosing such occupation as shall awaken interest and so hasten the return of normal life to the spirit.

This first course was planned for convalescents. A condensed outline follows:

Lesson I.—Child of four years recovering from pneumonia. Poor family. During first week of disease too ill to be entertained. Rapid recovery when started.

Lesson II.—Girl of twelve years. Hip disease. In Bradford frame. Family in moderate circumstances. Long case. Child uses arms freely except that lying on back, motion is somewhat interfered with.

Lesson III.—Boy of seven years. Scarlet Fever. Wealthy family. Points to consider:—contagion—how disease is spread, long duration. Remember that although the objects must be destroyed the ideas are permanent. *Teach something of value.*

Lesson IV.—Girl of sixteen with fractured Femur and Left Radius. family in moderate circumstances. Six to eight weeks illness. This is an exercise for occupation with right hand only.

Lesson V.—Boy of ten years. Mastoid case. Comfortable circumstances. Severe pain, at first too great for entertainment. Later can be amused by non-exciting occupations. Must not put too great a nerve-strain on patient. Do not attempt finely co-ordinated movements or occupations requiring eye-strain.

Lesson VI.—Young woman recovering from operation for appendicitis. Drainage keeps her in bed for much longer period than after clean operation. Can use arms and be bolstered up a little. Feels fairly well. May be in bed three or four weeks.

Lesson VII.—Old lady. Rheumatism in lower limbs only. Can be bolstered up in bed the greater part of time. Old ladies are usually pleased to find that the young nurse is capable of the things which she was taught when she was young. Nearly all old ladies like to see *old* material converted into something useful. Turn to account that which would otherwise be thrown away. This appeals to both rich and poor.

Lesson VIII.—Man (middle age) Typhoid. Convalescence only time when entertainment is permitted. The days are particularly irksome to such a patient. Reading aloud will probably be enjoyed if well carried on. When sufficiently strong *plan a house*. Nearly all men have decided ideas in regard to building. *Read up on gardening*. If at all adaptable to the patient's circumstances plan a garden and possibly start seedlings in the house if proper time of year.

Lesson IX.—Old man, heart disease. Sits up most of the time, bolstered up in bed at night. Reading aloud, but not too long at a time, as listening tires a patient who breathes with difficulty. When able to tell you, write down facts in regard to places where he has lived.

Lesson X.—Maternity case. Here we need little more new entertainment than the new baby, but the mother is often eager to collect information in regard to care of children. Start a baby's diary. Discuss children's clothing when older. Devise dainty ways of framing and making frames for the baby's picture to be sent to friends.

Space has been taken for this outline to show how full was its scope. If each nurse made every article listed under each lesson her time must have been fully occupied; if the work was optional, all special aptitudes were provided for. The list of articles for the first lessons alone included Eggshell baskets, cradles, pitchers, nests, moulds for blanc-mange; orange baskets; apple jack-o'-lantern; vegetable animals; dishes from kid and leather; rose-hip beads; pictures from advertisements; paper folding; paper boxes, bags and Christmas stockings; cut-out pictures; scrap-books; paper furniture.

This course was, in general, the outline followed in Miss Tracy's book "Studies in Invalid Occupation" published in 1910. Variations in courses have been made in adaptation to the needs of special institutions —as for the Children's Hospital, Boston—or to suit the preferences of the head of some training school, but the underlying principles are all here.

After seven years the work had outgrown the Adams Nervine and a special location was necessary. To avoid confusion in the public mind, headquarters were kept in Jamaica Plain and "The Experiment Station for the Study of Invalid Occupations" was opened in March 1912 with Miss Tracy as director. Here instruction is offered to invalids, to public nurses and to graduate nurses. Complete records are kept of all work done anywhere under this direction. Models are exhibited and there is a limited salesroom.

Many single lectures and full courses have been given by Miss Tracy herself during the last half dozen years in different sections of the country. She has also given normal training so that her pupils are extending the work in various centers. Exhibitions of articles made by invalids and by nurses have spread interest in this work.

Page after page could be filled with anecdotes full of human interest, stories that really thrill any compassionate heart with gratitude that there

can be relief through employment for minds worn with the constant facing of increased disability and suffering.

Occupation having been proved to be a true remedial agent and remedies being most safely administered by trained helpers, the layman immediately asks why does not every hospital, every training school, offer such occupation, such courses for its nurses? The only objections that can be raised are material, such as, "No time for the course, no space for the work, no money for the cost." But once administrators have seen beyond any question that benefit follows occupation, these objections will become merely temporary and immaterial. No hospital can afford to be without any agency that will insure and hasten cures for its patients, or that will lighten the burdens of the incurable among them.

And even beyond the remedial and alleviating values of this branch of nursing there are almost limitless possibilities for education and for human salvage. Miss Tracy has not tried to train craftsmen or to teach trades, but she has apparently performed the mathematical impossibility of bringing something from nothing. Working with waste materials, with the worse than negative problems of illness and incapacity, the time-killer has become an educator both of muscles and of mind. The child kept from school by paralyzed limbs has been through toys taught history, geography, arithmetic, English, and even art, through the study of line and proportion. The adult with a broken wreck of a body, fit only for a place in the institutional scrap heap, has been given the means, sometimes of a livelihood, in many cases the ability for partial self support. These are results that speak equally to those interested in dollars or in souls.—*Maryland Psychiatric Quarterly.*

Sleep for the Sleepless

(By Charles Phelps Cushing)

. . . . "The purposes served by sleep are plain," writes the physiologist, Percy Goldthwait Stiles, of Harvard, in a book on the nervous system. "It is a state in which the local and general losses of the tissues, which have not been met fully as they have taken place, can be offset. . . . It has often been said that sleep is a more imperative necessity than food, and the claim seems well founded." . . . . One of the most eminent surgeons in America, Dr. George W. Crile, recently reported upon some experiments made with animals: "It has been shown that animals subjected to the most favorable conditions, kept from exertion and worry, supplied with plenty of food, and in good hygenic surroundings, do not survive longer than from five to eight days without sleep." The mere maintenance of the conscious state, Dr. Crile discovered, "is at the expense of the brain, the adrenals, and the liver, and

these changes are identical with those wrought by exertion, infection, and emotion. The changes wrought by these activators can be repaired only during sleep. Sleep, therefore, is as essential as food and air." . . . .

To the end of getting enough sleep to preserve existence, the body can adapt itself to appalling difficulties; it can accomplish feats that every-day folk might suppose were impossible.

The European War furnishes some dramatic examples. You may recall an interview, not long ago, in which Field Marshal von Hindenburg declared that for the soldier "the main thing is sleep." When you read that the thought must have flashed into your mind, "How can men sleep at all with that never-ending din of battle in their ears?" Recently I took a long journey through Canada and in the course of it asked that question of a number of soldiers, home on leave. They answered to the effect that the body adapts itself to what it has to meet. None of them could recall a case where a soldier had died of sleeplessness. . . . .

Hear Dr. Carlisle's account of what happened in the retreat of the men of the Allied armies from Mons to the Marne: . . . .

"In this retreat from Mons to the Marne we have an extraordinary human experiment, in which several hundred thousand men secured little sleep during nine days, and in addition made forced marches and fought one of the greatest battles in history.

"How, then, did these men survive nine days apparently without opportunity for sleep? They did an extraordinary thing—they slept while they marched! Sheer fatigue slowed down their pace to a rate that would permit them to sleep while walking. When they halted they fell asleep. They slept in water, and on rough ground, when suffering the pangs of hunger and thirst, and even when severely wounded. They cared not for capture, not even for death, if only they could sleep." . . . .

But even this is not so surprising as some of the facts Dr. Crile heard from an associate, Dr. Gros, who, with some other men of the American Ambulance, were called at midnight to the town of Meaux. They found it in utter darkness. "Not a sound was heard in the street, not a light was seen. The only living things were hundreds of cats. They called, they shouted, in vain they tried to arouse some one." They succeeded at last in awakening the mayor. He told them that his town was full of wounded men: "I will show you," he said. With the aid of a flickering lamp, they threaded their way through dark streets to a delapidated school building. Not a light! Not a sound! There was the stillness of death! They rapped louder, there was no response! Pushing open the door, they found the building packed with wounded—more than five hundred with all sorts of wounds. Some were dying, some were dead, but every one was in deep sleep. Bleeding, yet asleep; legs shattered, yet asleep; abdomen and chest torn wide open, yet asleep. They were lying on the hard floor or on bits of straw. Not a groan, not a motion, not a complaint—only sleep!"

Some of them came to the hospital more dead than alive, and "slept on while their wounds were being dressed." Finally, "after deep sleep

for two or three days, during which they wanted neither food nor drink, they began to be conscious of their surroundings; they asked questions; they experienced pain; they had discomforts and wants; they had returned from the abysmal oblivion of sleep."

Indigestion, headaches, "nerves," or whatever else happens to be contributing to a business man's discomfort at night may rob him of sleep and result in a certain amount of physical impairment, but these, obviously, are trivial annoyances compared with the pangs of hunger, the aches and pains and "nerves" of the tortured wounded men on that retreat to the Marne. But when sleep became imperative it had its way with them at Meaux.

May we not pin a little more faith upon the human mechanism's adaptiveness? . . . .—*World's Work.*

Report of Annual Meeting G. N. A. O.

The 14th Annual Meeting of the Graduate Nurses' Association of Ontario was held in the Board Room of the Y. W. C. A., Hamilton, on Saturday, April 7th, 1917. The President, Miss Madden, occupied the chair. The meeting opened with the singing of the National Anthem, followed by the Nurses' Prayer. The report of the Secretary was then read, as follows:

Madam President, Members of the Association:

I have the honor to submit the Secretary's Fourteenth Annual Report. Last year closed with 59 individual members and 22 nursing associations, making a total of 1296 members. This year we have 80 individual members and 28 nursing organizations, but the total membership cannot be fairly estimated owing to the lack of reports from the affiliated Associations. Owing to stress of work it has been difficult to secure a quorum, but your executive held six regular meetings. Many problems have come up for discussion, among them the *Canadian Nurse.*

In this connection your executive appointed a central committee, consisting of Mrs. Pafford and Miss Potts, with Miss Locke as Convenor. Nothing further need be said of the scope of this committee, as the Convenor will make a report, but one would like in passing to impress on each member her responsibility for the success or failure of the journal.

On November 22nd, 1916, Miss Jamieson was appointed Ontario representative to the Canadian National Association Committee on Public Health Nursing, of which Miss Dyke is Convenor. A report of the progress of this committee will also be made.

Serious consideration has been given to nurse education. How best to serve the public and at the same time to give an all-round training to

the nurse. It is to be hoped that before the close of another year that some definite report may be ready for presentation to the Association.

Correspondence during the year shows that considerable misunderstanding still arises in connection with local chapters. The constitution clearly states that members wishing to form chapters shall apply to the Board of Directors and that all members resident in the proposed territory shall automatically become members of the chapter when organized. No record can be found in the minutes or elsewhere of any chapter having applied to the directors, consequently no two chapters seem to be conducting their affairs along the same lines. It was decided at the last executive meeting that through the coming year suitable regulations would be drawn up and distributed with the idea of establishing better uniformity.

Two years ago when the various Alumnæ Associations and Nursing Organizations were accepted into membership, the secretaries were requested to send in annually an up-to-date list of members with officers.

This has only been done by three out of twenty-nine organizations and has necessitated considerable correspondence, as your Secretary has been asked from time to time for credentials for nurses for overseas duty and for other purposes, and while it was, in some cases, found that the applicant was a member of good standing in her Alumnæ Association, her name did not appear on the original list.

All of which is respectfully submitted.

(Signed) E. MacP. Dickson.

The Treasurer's report showed a balance in the bank to the amount of $396.87 and was read as follows:

GRADUATE NURSES' ASSOCIATION OF ONTARIO

Treasurer's Report for Period May 24, 1916 to April 4, 1917.

Receipts

Balance on hand at beginning of period		$301.00
Fees	$636.50	
Proceeds, Florence Nightingale p. c's	4.65	
Bank interest to December 31st, 1916	4.30	645.45
		$946.45

Disbursements

Fees refunded Treasurer Toronto Chapter	$148.00
" " Hamilton Chapter	8.80
" " Kingston Chapter	5.60
" " Owen Sound Chapter	4.20
Expenses Mrs. Tilley, delegate Winnipeg Convention	87.05
Use of Nurses' Club for meetings, 1 year to May, 1916	15.00
Annual fee, Can. Nat. Ass'n. Trained Nurses	10.00
Postage	26.48
Printing and Stationery	11.00

Advertising "Canadian Nurse" to Dec. 31, 1916.....	20.98	
Advertising Meetings, Toronto papers.....	5.72	
Bank Exchange and Money Order charges.....	1.25	
Auditor and Stenographer re annual report.....	5.00	
"Canadian Nurse" purchase fund per Miss DesBrisay..	200.00	
Total disbursements for period		$549.58
Balance in bank April 4, 1917		396.87

Receipts for period are in excess of payments by.....$95.87

(Signed) ELLA J. JAMIESON,
Treasurer.

I have examined Receipt Book stubs, Bank Book, Vouchers and Cash Book for period ending April 4th, 1917, and certify that above statement agrees therewith.

Toronto, April 5th, 1917.

F. W. ELLIS,
Auditor.

Reports of the committees were made as follows: *Canadian Nurse* made by Miss Potts for Miss Locke.

Report of the Canadian Nurse Committee

At the request of the Canadian National Association of Trained Nurses a committee was appointed by the Graduate Nurses' Association of Ontario at the last Executive Meeting to bring the question of the support of the *Canadian Nurse* before the nurses resident in Ontario. The Committee consists of three: Miss Potts, Hospital for Sick Children, Toronto; Mrs. Pafford, 322 Spadina Road, Toronto; Miss Locke, Toronto General Hospital, who is convenor of the Committee. The Committee divided the work under three headings: Advertisements, subscriptions and articles for the magazine.

Miss Potts, who was made responsible for getting advertisements, has written to thirty-eight firms asking for their advertisement. So far, eleven have replied, all of which refused. Miss Potts is in verbal communication with several firms in Toronto, from which we expect more favorable results. If any one is able to get an advertisement for the magazine, the Committee will be only too glad. Miss Potts will furnish all information as to the rates.

Mrs. Pafford was made responsible for getting subscriptions and Miss Locke for collecting articles. Since the Committee was formed, Mrs. Pafford has received twenty-seven new subscriptions. Twenty of these were sent in by Miss Creighton of the Western Hospital, Toronto. On March 16th letters were sent to all the nursing organizations affiliated with the Canadian National Association of Trained Nurses in Ontario, seventeen in all, asking each Association to appoint two members, one to get new subscribers to be sent to Mrs. Pafford, and the other to collect articles to be sent to Miss Locke. Encouraging let-

ters have been received from four of the associations, expressing their interest in the work and appointing two members. There are still thirteen associations to be heard from.

Letters were also sent to sixty-three hospitals not having nursing organizations, asking the superintendents of the hospitals to collect articles and to try and get subscriptions. So far seven have replied and are very willing to coöperate. This leaves fifty-six still to be heard from.

The Committee is finding it very up-hill work as so few of the associations and the nurses in responsible positions (such as superintendents of hospitals) reply to communications sent and apparently take very little interest in nursing affairs.

Your committee would like the Association to offer any suggestion by which results may be obtained. As the committee represents the Province of the Dominion having the greatest number of resident nurses, we feel that we should take the lead in supporting our national magazine.

(Signed) HELEN C. R. LOCKE,
Convenor.

Report of Legislation Committee

Madam President, Members of the Association:

As Convenor of the Legislation Committee I beg to report that on June 5th your committee appeared before the Royal Commission to express the views of the Association in regard to suitable regulations for the conduct of training schools and the registration of nurses for the carrying into effect of section eighteen of the Hospital and Charitable Institutions Act. A set of suggested regulations was drawn up and submitted, a copy of which will appear in the next issue of the *Canadian Nurse*.

On January 31st, 1917, you were again represented, on this occasion to give information in regard to registries, and to answer certain questions regarding nurse education. The question was asked, "Would the nurses be agreeable to the classification of nurses under the following: 'Registered Nurse,' 'Graduate Nurse,' 'Certified Nurse,' and to belong to a common registry to be conducted under the supervision of the local Officer of Health?" The suggestion was made by the Commisisoner that it might be necessary to regulate the fees of the various classes of nurses and the question was asked: "Would the fully qualified nurse be willing to submit to this also?" Your committee did not take the responsibility of answering this question and the Commissioner asked that the views of the Association be obtained.

All of which is respectfully submitted.

(Signed) E. MACP. DICKSON,
Secretary.

In connection with this report there was one resolution. It was moved by Miss Gunn, seconded by Miss Edgar, that the matter of regulation of fees be left to the nurses. Carried.

Mrs. Tilley, who acted as delegate to the C. N. A. meeting held in Winnipeg last June, gave an interesting account of the Convention.

Miss Emory, Convenor of the Nominating Committee, sent in the following report:

Madam President, Members of the Association:

Having been duly elected, I submit the following names as members of the Directorate of the G. N. A. O. to serve for three years: Miss G. Rowan, Grace Hospital; Miss R. Ellis, Toronto Western Hospital; Miss Reynolds, Hamilton; Miss E. Walper, Sarnia; Miss F. Potts, Hospital Sick Children; Miss Mowery, Peterboro; Miss J. Londeau, Windsor.

Whether intentionally or not, some of the Secretaries neglected to state how many members comprised their respective Alumnæ, so that due credit could not be given them.

(Signed) FLORENCE EMORY,
Convenor.

The local chapters' reports were then made as follows: Miss Forham, representing Owen Sound; Miss Boskill, Kingston; Miss Edgar, Toronto, and Mrs. O'Brien, Hamilton.

The chapters all show continued interest in Red Cross work and a growing interest in general nursing affairs. When one considers the extensive depletion of the ranks by enlistment, one is encouraged by the way those left behind are endeavouring to keep the home fires burning, as well as giving aid in so many ways to those who have gone to Overseas duty.

The Nominating Committee for 1918 was appointed as follows: Miss B. Sadler, Convenor; Mrs. C. T. Balantyne, Ottawa; Miss Cook, Toronto; Miss Masters, Kitchener, and Miss Fairlie, Kingston.

Mrs. Ilson gave a very interesting talk on her work at Duneden, outlining all they had done for the re-education of returned soldiers.

The meeting then adjourned and a pleasant hour was spent at afternoon tea. Although everyone appreciated the courtesy of the Hamilton nurses, formal votes of thanks were unfortunately omitted.

The officers elected for 1917-18 were as follows: President, Miss Mathieson; First Vice-President, Miss Madden; Second Vice-President, Miss Potts; Secretary, Miss Dickson; Treasurer, Miss Jamieson, re-elected.

To know what you prefer instead of humbly saying "Amen" to what the world tells you you ought to prefer, is to have kept your soul alive.—*R. L. Stevenson.*

Report of the Committee on Legislation of the Manitoba Association of Graduate Nurses

To the President and Members of the Manitoba Association of Graduate Nurses.

Ladies:

I have the honor to submit herewith a brief report of the work done by the Committee on Legislation appointed by your Association with the following membership:

Miss Cotter (Winnipeg); Miss Starr, (Winnipeg); Miss Herman, (Dauphin); Miss Woodard, (Neepawa); Miss E. Johns, Convenor.

At my request Mrs. D. A. Stewart, of Ninette, gave very material assistance in this connection, she being a member of the Society of Superintendents' Committee, making enquiry along similar lines.

A questionnaire, which I will read presently, was forwarded to the various hospitals in the Province, in the hope that the Committee might be able to gauge opinion along various lines such as affiliation, Government inspection of training schools, etc.

The number of replies received was very disappointing, but not in quality. Five only, out of eighteen communicated with, replied at all. But these few replies, we were glad to note, came from the small training schools, the very ones we were anxious to hear from. All the replies showed careful consideration of the questions at issue, and I think the remarks of Miss Herman, of Dauphin, are specially notable and are reproduced herewith in full.

1. What do you consider the minimum daily average number of patients necessary to supply practice work for pupil nurses? Answer—The minimum number of patients to supply practice work for pupil nurses should not fall below a daily average of fifteen.

2. Have you any suggestions for the management of class work, when each class has a very small membership? Could you make a suggestive outline? Answer—The only plan that suggests itself for the management of classes of small membership, is one that is in all probability being practiced by a number of small hospitals. Merge second and third year classes, and arrange lectures so that each subject covered is taken up every alternate year only. This gives the members of both classes an opportunity of getting all lectures, and saves work for the lecturers who are usually few in the small hospitals. Juniors being new to the work, both practical and theoretical must necessarily be taken by themselves.

3. Would you be interested in experimenting with a curriculum especially framed, to meet the needs of small hospitals, so as to gain a degree of uniformity? Answer—An experiemental curriculum such as suggested, would be not only interesting but extremely helpful and encouraging to the Superintendent of the small hospital. Uniformity in

the training of nurses is sadly lacking, and can only be acquired by standardizing hospital curricula throughout the Province.

4. Would you favor affiliation with other hospitals so as to give your pupils the wider experience gained in a large hospital, and the special training available in institutions maintained for the treatment of special classes of cases? Answer—Affiliation with large hospitals is desirable for the purpose of special training, or to cover work not included by the home school.

5. If in charge of a hospital of 100 beds or over, would you be willing to grant affiliation privileges to other schools? Answer—Yes.

6. In cases of affiliation, how much time do you think it would be desirable for a pupil nurse to spend away from the parent school? During what period of the three-year training should she put in that time and should she receive from the affiliated hospital remuneration at the pupil nurse rates of the parent school, or that amount plus travelling expenses? Answer—It would not be desirable for a pupil nurse to spend more than six months away from the parent school. Preferably during the latter part of the intermediate year, or early part of senior year. The parent school should be responsible for the nurses' remuneration throughout her training, even during such time as she may spend away from the school. It would not be unreasonable to look to the affiliated hospital for travelling expenses.

7. Could the resources of the local high school be utilized more than at present for teaching such subjects as physiology, hygiene and sanitation, dietetics and cookery? Answer—The high school might be a help in the teaching of physiology, hygiene and sanitation. But dietetics should be taught with reference to disease, and for that reason is better taken up in the hospital.

8. Would it be desirable to ask for legislation, requiring that every training school provide a properly qualified instructress of nurses and a graduate night superintendent? Answer—The average small hospital is not in a position, financialy, to employ both an instructress of nurses and a night superintendent as well as the superintendent. Legislation requiring both would therefore be unreasonable. But provision should be made for one graduate assistant in every small hospital, who might be called upon in case of need either day or night, just as the superintendent is, under present conditions. She would also be expected to assist in class work and instruction.

9. Would you favor training school inspection by a competent Government official, preferably a nurse, on the lines of the present common school inspector? Answer—Until training school inspection becomes a reality, we can not hope for a standardization of training. The inspection should certainly be done by a nurse, and one who understands modern training school methods, and would be in a position to help and advise the head of the school.

10. Would the hospitals be justified in requesting the Provincial Government to give a special grant towards expenses incurred by the

education of nurses, such as the employment of trained nurse-teachers, etc? Answer—The hospital staff should be competent to undertake the teaching of nurses. But a Government grant providing equipment, such as is found in the up-to-date class room of the modern larger hospital, would be most acceptable and a request for such would be perfectly justifiable. The special hospitals in the Province, such as King George, and King Edward Hospitals, the Provincial Sanitarium, have all experienced their willingness to co-operate in an affiliation movement, destined to benefit the small hospitals, although I have no written statement from them at present.

At a meeting of the Winnipeg members of the Committee held during the past week, it was felt that the following points should be emphasized in any future legislation asked for by this Association.

A. Increasing the number of Hospital beds necessary to the establishment of a Training School.

B. Inspection of all Training Schools by a competent Nurse inspector, acceptable to the Provincial Government, the University of Manitoba, and the Manitoba Association of Graduate Nurses.

C. Legislation requiring the employment of at least one Graduate Nurse, beside the Superintendent, in all Hospitals.

D. Compulsory registration for all nurses employed by the Province at large, and by Municipalities within the Province. Your Committee felt strongly on this point.

E. That all nurse examiners appointed by the University of Manitoba, should be themselves registered nurses.

It may be that the present is not a suitable time at which to bring forward such legislation as is here outlined. The grave shortage of nurses, which exists at present throughout the Dominion, might make some of the proposed improvements prove hardships, if enforced at once, but your Committee felt that a policy must be outlined and adhered to as far as possible under the conditions.

We also feel that a Manitoba Nurse Convention would be of great mutual assitance to us all, but in view of the possible re-organization of the Canadian Society of Superintendents, and the Canadian National Trained Nurses' Association, this may be provided for in some way not at present fully outlined.

All of which is respectfully submitted.

(Signed) E. INCLEDON JOHNS, Reg. N.
Convener.

Of all felicities the most charming is that of a firm and gentle friendship; it sweetens all our cares, dispels our sorrows, and counsels us in our extremities.

Programmes and Arrangements for the Conventions of the Society of Canadian Superintendents of Training Schools and the Canadian National Association of Trained Nurses

SOCIETY OF TRAINING SCHOOL SUPERINTENDENTS.
MONTREAL, JUNE 12th AND 13th, 1917.

Tuesday, June 12th, 10.30 a.m.

Call to order.
Minutes of meetings.
President's Address.
Reports of Committees.
General Business.
Nomination of Officers.

Tuesday, 2.30 p.m.

Joint meeting with C. N. A.
Invocation—Rev. Arthur French.
Addresses of Welcome—Miss Livingstone, Lady Superintendent of Montreal General Hospital; Sir Herbert Ames; Major the Rev. J. Williams.
Responses to Addresses of Welcome.
Paper—A summer at St. Anthony's, Labrador. Miss J. M. Woodbury.

Tuesday Evening, 8 o'clock.

Call to order.
Paper—(Title to be given later.) Col. A. McKenzie Forbes.
Paper—The preparation of nurses for Military Work. Matron Jean Cameron Smith, C.A.M.C.
Paper—Work being done in Montreal in connection with the Patriotic Fund. Miss F. M. Shaw.
Paper—(To be announced later).

Wednesday, June 13th, 10.30 a.m.

Call to order.
General business.
"Round Table" (Under direction of Miss Flaws, Wellesley Hospital, Toronto, Ont.

Wednesday, 2.30 p.m.

Paper—How are Schools of Nursing obligated to prepare students for Public Health Service? Miss Ella Phillips Crandall, R. N.
Paper—The Problem of the Feeble Minded. Miss Keyes.
Paper—Milk Station Work. Miss H. R. MacDonald, Hamilton.
Paper—Work with the Baby Clinic. Miss Forsythe, Toronto.
Unfinished business.
Election of Officers.
Address of President Elect.
Adjournment.

CANADIAN NATIONAL ASSOCIATION.

Tuesday, June 12, 2.30 p.m.

Joint meeting with the Superintendents Society. See programme above).

Wednesday Evening, 8.00 o'clock.

Paper—Military Nursing Overseas. Nursing Sister J. Scott, C. A. M. C.

Paper—Nursing Ethics. Miss Elizabeth Robinson, Scovil.

Paper—Nurses' Work in Woman's Institutes. Miss Kennedy, Victoria.

Paper—(To be announced later).

June 14th, 10.30 a.m.

Address of President.

Report of Secretary.

Report of Treasurer.

Report of Special Committees.

Report of Affiliated Societies.

Unfinished business. New business.

Election of Officers.

June 14th, 2.30 p.m.

Paper—Midwives in Canada? Miss Mary Ard MacKenzie.

Paper—Nursing Care of the Women of the Prairie.

Paper—How to keep our Schools clean. Miss Jean Browne, Regina.

Paper—The Hospital in Relation to Social Service. Miss Lucy Phinney, Gen.-Sec. Woman's Directory, Montreal.

June 15th, 10.00 a.m. Business meeting.

June 15th, 2.30 p.m. Unfinished business.

Paper—History of Nursing. Miss G. Snyder, Lady Superintendent V. G. H., Vancouver, B. C.

Entertainment to be Provided by the Arrangement Committee of Montreal

Tuesday, June 12th, 1917.—Guests of the Western Hospital at Windsor Hotel for lunch.

Tuesday Afternoon.—By motor to Children's Memorial Hospital where members will be entertained at tea.

Wednesday—By train to St. Anne de Bellevue. Guests at luncheon of McDonald College. Afternoon session held at College. Guests of the Board of Alexandra Hospital for tea.

Thursday—Delegates to be guests of the Royal Edward Institute for lunch.

Thursday Afternoon.—Mr. Hooper entertaining for Montreal General Hospital at Hunt Club.

Thursday Evening.—Musical at the Montreal General Hospital.

Friday.—Guests of Dr. Reddy at lunch, entertaining for Women's Hospital.

Friday Afternoon.—Session and tea at the Royal Victoria Hospital.

Friday Evening.—Imperial Order of Daughters of the Empire entertain members at Art Gallery, through courtesy of the Art Association.

Editorial

The programmes for the two conventions to be held in Montreal, June 12th to June 16th, are now well under way, and can be found on another page of the magazine. The delightful entertainments arranged for us by the Montreal Committee are to be found there also.

Some of the papers promised are not in, but we hope to get them soon. Are we all prepared to give as well as to get? None can come who will not have something of interest that will help in the discussion of papers or the helpful talk of the "Round Table," or national problems relating to nursing. We are all interested whether in active work or not. Is there anything more appalling to a President than the chilly silence that meets her request for a little discussion on the paper that has had much time and thought spent on it? Not that the nurses are lacking in their opinions, for full and free discussion takes place after all is over, but what help is that?

A healthy opposition often helps more than one knows at the time even if it does require a certain amount of courage to announce one's stand.

* * * *

In a letter from Montreal we get the following information about the arrangements for the Convention: The official headquarters will be in the Windsor Hotel, and the proprietors have given us the special prices of: Double rooms with bath, per day, $4.00; single rooms, per day, $3.00; single rooms without bath, per day, $2.00. The hotel is giving us the use of their hall for the meetings.

* * * *

A serious shortage of staff nurses in all the hospitals throughout Canada is beginning to cause much inconvenience to the already burdened superintendent. One hesitates in even suggesting that any nurse stay home when the call is so urgent overseas, but there are many who are not physically fit for the overseas duty who go when they would be more patriotic to stay and do the duty that lies nearest.

* * * *

Among the interesting features of the effect of registration in Alberta, is the clause attached to the Bill for Free Hospitals, which has been before the Legislature in that province. It is stipulated that only properly qualified doctors and registered nurses shall be attached to these hospitals. This was introduced without the intervention of either doctors or nurses and shows that in Alberta good work has been done in showing the "layman" the advantages of registration for both doctors and nurses.

Many of our subscribers forget the expiry notices placed in their magazine until the magazine has been stopped. Owing to the increased price and scarcity of paper we cannot continue to carry subscribers after the expiration of their subscriptions. Only the required number of copies are printed, therefore back numbers cannot be supplied. If each subscriber will send the renewal slip as soon as she receives it, it will save her much annoyance in missing numbers.

In giving changes of address please give the old one as well as the new that time may be saved in looking the names up.

* * * *

Please report any trouble you have in receiving the magaine, it is always so much easier to rectify mistakes at once than after several months have gone by.

Letters to The Editor

Dear Editor:

In our Association here we are composed for the most part if not entirely of missionary nurses. Therefore we include in our number women from Great Britain and her colonies, U. S. A., Continent of Europe, etc.

Sometimes we find it difficult to get proper information as to the bona fide standard and registration of some Training Schools from which some of the candidates come.

Can you tell me if there is a list of the properly standardized Training Schools of Canada, or of any of the provinces of Canada.

Where could I obtain such a list? I would be very grateful if you would give me any information you can on the subject, or put me in the way of getting.

You ask for anything interesting from this quarter of the world. I have not time this mail, but hope to send you something later.

I look forward to our "Canadian Nurse" monthly and read it from cover to cover. I pray you may be richly prospered in your work and that many lives may be made rich toward God through you.

Very sincerely yours,

LEILA E. BATTY.

China Inland Mission,
Shanghai, China.

Let not the dark hours be the only ones you count, try always to be like the sun dial, that only counts the bright ones.—*Carmen Sylva.*

Chief Superintendent's Annual Report, 1916

The annual report of the Victorian Order of Nurses for Canada must be again presented with the war back-ground and, though the handicaps from that cause have been many, the report for the year 1916 is a good one—a remarkably good one when everything is taken into consideration. One of the most serious of these handicaps is the shortage of nurses. That is gradually improving, however, and the others are rapidly disappearing. When the war broke out, many of our committees were more or less panicky, fearing that it would be necessary to suspend V. O. N. activities until after the war, and town districts where Branches were to have been organized, dropped all plans for the time being. Now, the past year has shown a wonderful change—the panicky condition is not noticeable at all, and the reports, with very few exceptions, show increased visits, increased fees and contributions. Renewed enthusiasm and a determination to strengthen their branches, to extend and deepen their usefulness are distinguishing features of most of them. For, they have looked ahead and now realize that the need for V. O. N. nurses will be very great in that time of re-adjustment which will come after hostilities are at an end. In that time of re-adjusting, many who have never felt the pinch of poverty will feel it, and the fact that they have always in the past been independent and well able to look after themselves, will make it hard, very hard, for them to ask for relief in any shape or form. It will be the V. O. N. nurses with their trained social sense, who can reach these people as no others can, and thus will be the means of preventing much unnecessary suffering. That that belief has taken hold of the people is very evident in the renewed efforts of the existing Associations to leave no stone unturned to put and keep their organizations on a firm basis, and in the requests received from committees to have branches of the Order opened for them.

The statistical returns from the various branches are very interesting and very encouraging, showing that during the year, the nurses in

the hospitals and districts cared for 50,365 patients, and the district nurses made 312,018 visits, 9,128 of which were in response to night calls, 1,510 days of continuous nursing were reported and 54,738 hospital days. On comparing these figures with those of last year, we find that 6,190 more patients were cared for this year, 3,470 more visits paid, 306 days more continuous nursing and 4,929 more hospital days reported.

Of the visits given, 5974 were pre-natal, 70,749 child welfare and 46,468 school nursing. Here the increases are most gratifying—1,548 more pre-natal, 60,478 more child welfare and 1,976 more school nursing visits than last year. These figures speak volumes for the up-to-dateness of the Order—showing that the various committees and staff are working zealously for conservation of child life, and are starting at the right point—the care of the mothers.

During the year, sixty-seven nurses were admitted into the Order, twelve were re-admitted and seventy-seven resigned. The reasons for the resignations are: To be married, 20; To go overseas, 16; Ill health, 10; Unsatisfactory,8; To do other work, 8; Needed at home,7; Two were dissatisfied, two were asked to resign, two found the work too hard and two are resting. There are now 294 nurses working under the Order, an increase of two during the year.

These are distributed as follows:—V. O. N. nurses in districts,178; V. O. N. nurses in hospitals, 45; Nurses taking post-graduate course, in the Training Centres, 30; Nurses in training in hospitals,38; and three on the Central Board Staff. One hundred and thirty-six visits of inspection were made—71 by the Chief Superintendent and 65 by the Assistant Inspector and 22 visits of organization by the Chief Superintendent.

Three new branches have been opened—a country district at Meota, Saskatchewan; a hospital at Edam, Saskatchewan; and a nurse has been placed on the Rama Indian Reserve for three months. The hospital at Chase, B. C., has been re-opened. Besides those, eight new districts are ready for nurses, viz.: Lanark, Ont.; Eyebrow, Consul, Foam Lake, Mantario and Medstead, in Saskatchewan; and Saanich, B. C., and grants have been promised towards the building of hospitals at Birtle, Manitoba; and Chinook, Alberta. Six other districts have appointed preliminary committees who are working on plans. Nine branches have increased their staffs, viz.: Halifax, N. S.; Lachine and Westmount, Quebec; Toronto, Hamilton and London, Ontario; Winnipeg, Manitoba; Melfort, Saskatchewan; and Calgary, Alberta.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The monthly meeting was held in the Club Room on Tuesday evening, May 1st, when Prof. Welch delivered a most delightful and instructive lecture on "Punch," which was illustrated by excellent slides.

Miss Kelly, who has been ill, has so far recovered as to be able to leave the hospital.

Hospitals and Nurses

NOVA SCOTIA

The monthly meeting of the N. S. G. N. A. was held at the residence of Mrs. H. B. McLaren. After the usual business a most interesting address was given by Miss Woodbury on her work as nurse at St. Anthony's Hospital, Labrador.

A tea was recently given to Mrs. Bowman, Supt. of the Victoria General Hospital, Halifax, who is leaving on extended leave on account of the serious illness of her father. She will be very much missed and her friends hope for a speedy return.

Six Sisters from the Military Hospital have left for camp at Aldershot, Sister Hayden being Acting Matron.

Miss Mildred Wood, (H.S.C.) Toronto, has been appointed Assistant at the Halifax Children's Hospital.

Miss Pickles, Assistant at the V. G. H., has returned from her holidays.

Miss Beatrice McLaughlin has been appointed Night Superintendent of the H. C. H., Halifax.

Miss Pemberton, late of Restholm, has accepted a position as Night superintendent of the V. H. H.

Matron Pope of the Military Hospital has been on sick leave.

A new clearing hospital has ben opened on Pier 2, on the water-front. This will accommodate 500 patients. As the wounded arrive they are sent from it to their various home centres and to the different hospitals and Convalescent Homes throughout the country. The hospital trains are manned by doctors, orderlies and nursing sisters.

* * * *

QUEBEC

Miss W. Bryce, (1907) and Miss F. H. Wylie (1906) R. V. H., are at No. 3 Canadian Casualty Clearing Station, France.

Miss Marion Hague (1916) is at the "D" Shorncliffe Military Hospital.

IN MEMORIAM—The nursing profession in Canada has recently suffered a serious loss in the death of the late Miss G. M. Molony, which took place near Sherbrooke, March 28th, 1917. Miss Molony six years ago suffered a serious breakdown from her work at the Jeffery Hale Hospital, Quebec. She was a native of Coaticook, Quebec, and as a teacher was very successful, afterwards taking up the training at the Montreal General Hospital. She remained on the staff of the hospital till her appointment as Superintendent of the Jeffery Hale Hospital, Quebec. Miss Molony was a woman of exceptional ability and to the doctors, her patients, and above all to her nurses, before whom she always upheld the highest ideals of her profession, her loss is irreparable.

Four Young Ladies Leave to Care for Lepers

Members of the regular and secular clergy, relatives of the departing sisters, pupils, and a number of the benefactors of the convent bade adieu yesterday afternoon, at the Convent of the Missionary Sisters of the Immaculate Conception, to the four sisters who have volunteered to go to care for lepers in Canton, China. The names of the four sisters who have given up their lives to these unfortunates, are, Sister Aimee de Marie (nee Miss Brodeur, Beloeil), Sister Marie Immaculee (Miss Vanchestein, St. Michel), Sister Marie de la Misericorde (Miss Berthe Dufresne, St. Helene), and Sister St. Etienne (Miss Plouffe, Montreal).

Previous to the Benediction of the Blessed Sacrament, Archbishop Bruchesi delivered a short address, in which he spoke of the work in Canton and of the sacrifice which the four sisters were making in going into this leprosy colony. They would be welcomed in China, he said, by the Bishop of Canton and would immediately enter upon the new life for which they had been prepared. The four sisters were like a little army going forth to win souls for the Master, concluded His Grace.

Relatives and friends were at the Windsor Station in the evening to say a last farewell. The four missionaries left on the 10.15 train for Vancouver, B. C.—*Montreal Star, April 20th,* 1917.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

The annual meeting of the M. G. H. A. A. met in the drawing room of the Nurses' Home on Friday afternoon, April 13th, with a fair attendance, and Miss Dunlop in the chair. The minutes of last annual meeting as well as those of last monthly meeting were read and approved, followed by the reports of the Treasurer, Corresponding Secretary, Recording Secretary, Registrar and Convener of Red Cross Committee.

Several items of business were then taken up by the meeting. It was decided to discontinue our register for the present, which has been kept up by the Alumnæ for several years, but owing to the diminished number of nurses on the register, caused by the war, having eighty-three of our school at the front at present, we decided to postpone it indefinitely.

It was also proposed to reduce the Alumnæ membership fee from $3.00 to $1.00, which was done unanimously. It was then moved by Miss Strumm, seconded by Miss Ketchen, that two prisoners of war in Germany be supported by the Alumnæ, which was carried. A proposition was brought up by Miss Jamieson to take $5,000 from the Sick Nurses' Benefit Fund to endow an Alumnæ bed in the private wards of the hospital. After some discussion it was decided to consult the advisory board, who afterwards asked for a written proposition to go before the Board of Governors of the M. G. H.

Before the close of the meeting the election of officers took place for the ensuing year as follows: President, Miss McNutt; First Vice-President, Miss Colley; Second Vice-President, Miss Moffat; Recording Secretary, Miss Strumm; Corresponding Secretary, Mrs. Clayton; Treasurer, Miss Jamieson; Executive Committee: Misses Fraser, A. DesBrisay, Stericker, O'Regan and Vipond; Correspondents to "Canadian Nurse," Misses Jamieson and L. Gordon; representatives to Local Council of Women: Misses L. Stewart and L. White; Proxy, Misses Eugelke and M. W. McLeod; Refreshment Supervisor, Miss Ketchen. The meeting closed, after which refreshments were served.

The marriage is announced to take place some time in May of Nursing Sister Pearl E. Babbitt, (Class '13), to Captain (Dr.) Walters, both on duty in France.

Miss L. Caswell, a recent graduate, has been taken on the staff of M. G. H. as assistant night superintendent.

Miss Stericker was relieving for a few weeks as superintendent of the hospital in connection with the munition factory at Verdun, Quebec.

Miss McMartin has taken a position in Dr. Edgar's office at Lachine, Quebec.

We regret to relate the illness of three of our graduates, Misses Houghton, Holland and Briggs, and hope for their speedy recovery.

Miss L. A. Stewart, a recent graduate, has been taken on the staff of the S. O. R. of the M. G. H.

Miss B. Outterson (Class '15), has joined the A. M. C. and is now

in charge of the operating room in the Military Hospital on St. Matthew Street of this city.

Nursing Sisters Watling, Handcock and McDermott have gone from No. 3 General Hospital (McGill) to Casualty Clearing Stations on the front line, the two former to No. 10 and the latter to No. 3.

Mrs. Johnston (nee Miss Isabel Nichol) has returned to the city after a very enjoyable trip through Colorado and California.

On receipt of a letter from Miss Cole (Class '13), Superintendent of Presbyterian Hospital, New Orleans, we are pleased to note that she and her assistant, Miss Barwick (Class '16) are continuing their services there, and enjoying their work.

Mrs. Richard Tanner, of Ottawa, announces the engagement of her second daughter, Edith Reed Tanner, to Mr. Paul Kirkpatrick, B. S. C., of N. S. The marriage will take place early in June. Miss Tanner is a recent graduate of the Montreal General Hospital.

The engagement has been announced of Nursing Sister Isabel Strathy to Lieut. Alex. McMurtry, both of this city.

Miss Winnie Gordon has undergone an appendoctomy operation at the M. G. H., and is making a good recovery, we are pleased to note.

Miss Hutchins has been spending the past six months in Platsburg, New York.

Miss Edith Cowen has returned home after a two months' trip through the Eastern States.

Royal Victoria Alumnae, Montreal

On the evening of 11th April, a reception was given by the Alumnæ Association to the graduating class, when a very pleasant evening was spent by the old graduates and the new. Cards were played for an hour, and then some or the nurses did some exceedingly pretty dancing with music and recitations interspersed. A letter was read from Miss Lewis, who has lately left the Maternity Hospital, to the last of her professional children, as she calls them; and Miss Orr responded in a very bright valedictory address. One of the features of the evening was the dancing of the minuet by twelve of the nurses in the costume of the time, very gracefully and daintily done. Refreshments were served by the now senior class. The proceeds of the evening go to endow a room for sick nurses. Some handsome donations have been received from old graduates at a distance.

The graduation of the Class of '17 took place on the 18th of April, at 3.30 p. m., Sir Vincent Meredith in the chair. Col. C. B. Keenan, M. D., D. S. O., who has recently returned from the front, after splendid work done there, addressed the nurses, giving them much useful and kindly advice whether they went overseas or remained at home. Mrs. Keenan presented the diplomas, after which tea was served in the dining room which was very prettily decorated. A great number of the friends of the hospital and the graduating class were present. Twenty-eight nurses graduated at this time. In the evening the graduates were entertained as usual by the senior class.

Miss May Griffin, (Class of '12) was in the city lately, and her friends at the R. V. H. were glad to see her at the graduation. She has been at the coast for some time, but is now living at home in Ottawa.

Miss Baker (Class of '15), Miss MacNish (Class of '11), and Miss Moodie (Class of '15), have recently left for overseas work, the first to join the Q. A. I. M. N. S., the second the R. A. M. C., and the last the C. A. M. C.

Four nurses graduated from the Women's Hospital Training School, Montreal, Thursday: Miss D. Jack, Mrs. R. Flesh, Miss H. Wyman, and Miss H. Slade. The graduation was attended by friends and relatives. The drawing-room of the Nurses' Home was decorated with daffodils and narcissi. The medals were presented by Dr. Burnett and the diplomas by Dr. Reddy, who also addressed the graduating class. Cards were played at six tables and prizes awarded, after which dancing took place.

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ONTARIO

At the Annual Meeting of the Hamilton Chapter of the G. N. A. O., March 23rd, 1917, the following officers were elected: Chairman, Miss McColl; Vice-Chairman, Miss E. J. Deyman; Secretary, Mrs. O'Brien; Treasurer, Miss Taylor; Committee: Miss Hanna, Miss Beckett, Mrs. Bucke, Miss McDonald and Miss Laidlaw.

Miss Hanham, Superintendent of Memorial Hospital, Pincher Creek, Alberta, spent a few days in Hamilton before leaving for overseas duty.

Miss Harley has been appointed to the staff at the base hospital, Toronto.

Nursing Sister Anna Beck is stationed at Moore Barracks, Shorncliffe, England.

Miss E. M. Long, Miss M. A. Wilkins, Mrs. Pearl Simmons, Mrs. G. Malcolmson, Miss E. J. Deyman, of Hamilton; Miss Rothwell, Miss Carscallen, Miss Mason, Miss E. Lindsay, R. Galloway, E. Galloway, S. Barbour, and J. Duncan have recently left for Overseas duty. Nursing Sister Pearl Simons is in charge of one unit.

Nursing Sister Nancy Dunn is at No. 2 British Stationary Hospital, France.

Nursing Sister Doyle is at No. 2 Canadian General Hospital, France.

We regret to hear that Nursing Sister Elizabeth Aitken, No. 2 Stationary Hospital, France, is ill.

Miss Nellie Wright is in charge of the operating room, Sick Children's Hospital, Toronto, Ont.

Mrs. Jarvis (nee Gladys Young) has been appointed to take charge of the Dispensary of the Hamilton Health Association.

Miss Buckbee has accepted a position in the office of Dr. Hess.

A special meeting of the Alumnæ Association and local chapter of the G. N. A. O. was held April 20th to consider making a donation to the Woman's Tribute Night Fund. The sum of $25.00 was given.

"Carry On" is the motto of the new chapter of the I. O. D. E., formed March, 1917. Many nurses have joined the new chapter. Miss Madden is second Vice-President and Mrs. O'Brien is Convener of a reception committee to meet returned soldiers.

Mrs. O'Brien, 170 St. Catherine Street North, is appointed as "Canadian Nurse" representative.

The annual meeting of the K. G. H. Alumnæ Association was held at the Nurses' Home, May 1st, Mrs. Nichol, President, in the chair.

Mrs. Nichol, President of the G. K. G. H. A. A., who has been spending the winter in California, has returned.

The reports showed that $300.00 had been spent in Red Cross work and Christmas stockings for the nurses overseas. Seventy-five dollars was also spent for linen for the Nurses' Home. Nursing Sister A. Gillespie (K. G. H.), left recently for overseas.

Nursing Sister A. Filson and Sister L. Hicks are on the staff of the Ongwanda Military Hospital. Major Filson and Captain Hicks are overseas with the Queen's Ambulance Corps.

Miss O. O'Neill, Miss M. Klein and Miss A. Swerbickall, of K. G. H. are on the staff of the Military Hospital, Kingston.

Miss E. Brown and Miss F. Hiscock, both of K. G. H., are at the Convalescent Military Hospital on the Rideau River, near Kingston.

Nursing Sister G. Wright (K. G. H.), who has been Matron of the Richardson Home, has left for overseas.

At the recent graduation exercises of the Kingston General Hospital, the following nurses received their diplomas: Miss Ruby Chandler, Norwood; Miss Mildred Cullen, Kingston; Miss Gertrude Smith, Windsor; Miss Mary Boyce, Pembroke; Miss Meryl Wright, Portsmouth; Miss Mary Fife, Indian River; Miss Jean Kines, Milverton; Miss Gertrude Murdock, Cobden; Miss Lulu Louden, Dixon's Corners; Miss Ruth Percival, Mountain; Miss Gertrude Simes, Lyndhurst; Miss Mary Howes, Godfrey; Miss Norma Johnston, Moscow; Miss Olivia Wood, Kingston; Miss Pearl Martin, Morewood; Miss Eileen Bradley, Kingston; Miss Pearl Matthews, Roseneath. Gold Medal—Miss Ruby Chandler, Norewood. Silver Medal—Miss Mildred Cullen, Kingston. Materia Medica Prize—Miss Gertrude Murdock, Cobden. Intermediate Prize—Miss Daisy McNamee, Kingston. Junior Prize—Miss Marion Davis, London, Ont. The exercises in connection with the nurses' graduation will be held on Tuesday evening, May 8th, in the Sydenham Street Methodist Church.

As representative for the Province of Ontario on committee on Public Health Nursing, I beg to submit the following report:

Shortly after being appointed by the executive of the G. N. A. O., I received a communication from Miss Dyke, convener of committee, asking me to meet her to consider plans for the work to be done. It was decided to make a survey of the public health nursing now being done in the province, and to this end a circular letter and questionnaire were outlined, and through the kindnes of Miss Dyke two thousand copies of each were

made. Then came the problem of distribution, to reach any or all who were doing preventive nursing. We knew there were twenty cities and towns in Ontario with medical inspection of schools under boards of education, and these could readily be reached. Miss MacKenzie, Superintendent of Victorian Order of Nurses, kindly furnished a list of names, and these were communicated with. Dr. McCullough, Provincial Officer of Health, was told of our plan, and he generously offered to send out copies with his annual report to the medical officers of health, putting us in touch with seven hundred and fifty districts.

After some communication with Mr. Putman, Superintendent of Women's Institutes, he very kindly furnished a list of one hundred secretaries and these were also sent copies. So far replies have been received from only a few, so that I cannot offer anything like a complete report. We may be disappointed in the number of replies received, and the number of workers reported, but we entertain the hope that the survey may at least create a wider interest in public health nursing; and that some thoughts may be aroused which will lead to a consideration of the supplying of this great need.

Respectively submitted,

ELLA J. JAMIESON.

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MANITOBA

The annual meeting of the M. A. G. N. took place March 27th at the Nurses' Residence, the President, Miss Gilroy, in the chair. Numerous reports concerning the activities of the various committees were read and adopted. The following officers were then elected: President, Miss Ethel Gilroy; First Vice-President, Miss K. A. Cotter; Second Vice-President, Miss Maria Herman; Third Vice-President, Miss J. Stensby; Secretary, Miss Isabel Laidlaw; Treasurer, Miss Gauld; Corresponding Secretary, Miss Johns; Board of Managers: Miss K. A. Cotter, Miss I. Laidlaw, Miss Gauld, Miss Spratt.

Report of Committee on Legislation of the Manitoba Association of Graduate Nurses will be found on other pages of this issue.

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SASKATCHEWAN

The annual meeting of the Saskatchewan Graduate Nurses' Association met in Regina April 10th, 1907, the President, Miss Jean Browne, in the chair. After the usual reports the principal business was taken up. This was chiefly in relation to the Bill just passed by the Legislature. Constitution and by-laws had to be framed. It was decided to appoint the members of the Registration Committee for two years and the two members for one year. After the afternoon session the members were entertained at the residence of Mrs. J. A. Black.

The evening session came to order with the roll call, after which the Mayor, Mr. Cowan, welcomed the nurses to the city of Regina, and spoke of the progress the nursing profession had made in Saskatchewan. It

was decided to appoint Mrs. Van Walkenberg as delegate to the Convention in Montreal.

After discussion of the Bill and the election of officers, the meeting adjourned. Following are the officers: Hon. President, Miss Rickie, Regina; President, Miss Jean Brown, Regina; First Vice-President, Miss Jean Wilson, Moose Jaw; Second Vice-President, Miss Campbell, Saskatoon; Secretary-Treasurer, Mrs. Van Walkenberg, Regina; Council: Miss Hicke, Weyburn; Miss Helen Walker, Yorkton; Mrs. Feeney, Prince Albert; Miss Skinner, Melfort; Miss Grace M. Cooper, Regina.

The new Executive met Wednesday at 10.30. The Committee on By-laws presented their reports, which were filed for future consideration. Various business matters were considered and the following committees were appointed: Eligibility: Executive; Public Health: Mrs. Feeney, Misses Hicks and Walker; "Canadian Nurse," Executive and Misses Weeks and Pearen. This committee is to solicit subscriptions and advertisements and to be responsible for news to be sent to the magazine. In the afternoon the Government gave a very delightful reception to the teachers, the I. O. D. E., and the nurses.

ABSTRACT OF REGISTRATION BILL FOR NURSES

Bill No. 24 of 1917: "An Act respecting the Saskatchewan Registered Nurses' Association"—

Council of Management.—The affairs of the Association shall be under the management of a council, composed of seven members, of whom two shall be appointed annually by the College of Physicians and Surgeons of the Province of Saskatchewan, and five shall be elected by the Association from the members in good standing.

Council to Make By-laws.—The council may make by-laws, rules and regulations, not contrary to law or the provisions of this Act, for all purposes relating to the affairs, business and property of the association, its management, government, aims, objects and interests, including registration and the issue of registration certificates; the appointment, functions, duties and removal of officers or servants of the Association, and their remuneration; the time at which and place where the annual meetings of the Association shall be held; fixing and collecting the amount of the admission fee; the suspension and expulsion of members; the examination of applicants for registration, and the conduct in all particulars of the affairs of the Association; but every such by-law and every repeal, amendment or re-enactment thereof, unless in the meantime confirmed by a general meeting of the association duly called for the purpose, shall have force only until the next annual meeting, and in default of confirmation thereat shall be null and void.

Graduates of Training Schools.—All persons of good moral character resident in Saskatchewan, who are graduate nurses or who are in training at the time this Act goes into effect and thereafter become registered nurses, shall, on production of a diploma from a training school for nurses issuing diplomas at the time of the coming into force

of this Act, or any other training school recognized by the Senate of the University of Saskatchewan, be admitted to the register of registered nurses.

Conditions of Registration.—Except as hereinbefore provided, no person shall be entitled to be registered after the coming into force of this Act unless he or she has followed a regular course of training in a school for nurses in the branches of the profession prescribed by the Senate of the University of Saskatchewan, and has passed a satisfactory examination conducted by a board of examiners appointed by the said University, or has produced certificates of having passed examinations accepted as equivalent thereto by the said board.

Examination.—All examinations and matters pertaining thereto under this Act shall be determined and conducted by a board of examiners appointed by the University of Saskatchewan after consultation with the council of the Association.

Designation.—Every person registered under this Act shall be known as a registered nurse, and any unregistered person assuming such title, or using the abbreviation "Reg. N." or in any manner representing that he or she is a registered nurse, or by false or fraudulent declaration attempting to procure registration under this Act, shall be guilty of an offence and liable, upon summary conviction before a police magistrate or justice of the peace, to a fine of twenty-five dollars, and, in default of payment, to imprisonment for a period not exceeding six months.

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ALBERTA

The last monthly meeting of the Calgary G. N. A. was held in the Hall of Holy Cross Hospital. The Mother Superior kindly invited the members to meet there regularly, which invitation was gratefully accepted as this will enable the Sisters and Nurses on special duty to be present, besides providing a permanent place of meeting. It was a great pleasure to receive into membership the Mother Superior and seven other sisters. Refreshments were served and the meeting adjourned.

By means of a guessing contest, the C. G. N. A. raised eighty-seven dollars for comforts for the soldiers at the local Military Hospital. At the graduation exercises of the Calgary General Hospital twenty-one nurses received their diplomas. Mayor Costello presided and expressed on behalf of Governor Brett his best wishes to the class. Speeches were made by several members of the Board. A pleasing feature of the exercises was the presentation of a basket of flowers to the class from the nurses of Holy Cross Hospital. Following is a list of graduating nurses of Class 1917: Miss Annie Forbes, Denmark, Colchester Co., N. S.; Miss Phyllis Binkley, Cranbrook, B. C.; Miss Jean Elliott, Dornoch, Scotland; Miss Gertrude I. Gogo, Brockville, Ont.; Miss Alexandra M. Ing, Buckinghamshire, England; Miss Lillian Watkins, Everett, Washington; Miss Harriet Whale, Durham, England; Miss Emma Reynolds, Beachville,

Ont.; Miss Mary E. Cooper, South Mountain, Ont.; Miss Mary Hall, Glasgow, Scotland; Miss Jessie M. Boyd, Biggar, Lanarkshire, Scotland; Miss Elizabeth L. Whyte, Calgary, Alta.; Miss Mary V. Williams, Toronto, Ont.; Miss Eva M. Johnston, Brantford, Ont.; Miss Mary A. Livingstone, Manchester, England; Miss Mabel E. McIntosh, Waterville, Quebec.; Miss Evelyn J. Glassford, Calgary, Alta.; Miss Phyllis Evans, Parkland, Alta.; Miss Evelyn C. Forster, Morden, Man.; Miss Eleanor L. Renwick, Durham, England; Miss Charlotte Thomson, Parkland, Alta.

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BRITISH COLUMBIA

Miss Ferris, Dietitian at the Royal Columbian Hospital, New Westminster, B. C., has resigned her position and has gone South. Miss Mary Dobbs has taken her place. Miss Eleanor Bishop and Miss Francis Whittaker, graduates of the Royal Columbian Hospital, New Westminster, B. C., left for overseas service.

Mrs. Johnson, President of the V. G. N. A., has left for the Convention in Philadelphia of the A. N. A., and later will attend the two Conventions to be held in Montreal June 12th to 16th.

Miss Snyder, Lady Superintendent of the V. G. H., left lately to attend the Convention of the American Nurses' Association.

Miss Harriett O'Brien has been appointed matron of the Military Convalescent Hospital, Qualicum Beach. She is a graduate of the City and County Hospital, St. Paul, Minn., and has had splendid experience for the work on which she is about to enter.

Miss Leonora Gregory-Allen, who has been accepted by the C.A.M.C. for overseas service, leaves shortly. Her numerous friends in this city extend their best wishes for her success and speedy return.

Through the goodness of the Hon'ble Mrs. Graham Murray, a Rest Home for Canadian nurses has been opened at 13 Cheyne Place, London, S. W., all expenses of which are to be defrayed by the Canadian Red Cross Society. A Club for nurses and V. A. D. workers has been opened at 8 Hope Street, Edinburgh, and so welcome was it that in a few days the members numbered 800. Many V. A. D. workers come long distances to help in hospitals and to them especially this club must be a great boon.

THE DAY—THE WAY.

Not for one single day
Can I discern my way,
But this I surely know—
Who gives the day,
Will show the way,
So I securely go.

Births

MILLER—At the R. C. H., New Westminster, B. C., a daughter to Mr. and Mrs. W. R. Miller. Mrs. Miller was Miss Anna Bowyer, (R. C. H. 1915).

BIRCHFIELD—At the R. C. H., New Westminster, B. C., April 12th, a son to Mr. and Mrs. F. M. Birchfield. Mrs. Birchfield was Miss Lena Percy (R. C. H. 1914).

BRIGGER—At Granite Avenue Hospital, Hamilton, Ont., a son to Mr. and Mrs. C. H. Brigger. Mrs. Brigger was Miss Edith Glass (H. G. H. 1908).

GURD—In Montreal, on March 27th, 1917, a son to Mr. and Mrs. Walter Gurd. Mrs. Gurd was formerly Miss Nora Pedley, Class 1912, R. V. H., Montreal.

Marriages

SPROULE-FRANCE—At Fairmont Presbyterian Church, Montreal, by Rev. Mr. Lee, on April 12th, 1917, Miss Lena France (M. G. H. 1917) to Dr. Alexander Sproule, of Applehill, Ont.

LENNOX-THOMAS—At the residence of the bride's mother, Mrs. James Thomas, Elm Avenue, Montreal, on April 26th, by Rev. Mr. Smith, Miss Annie Laura Thomas to Dr. Thomas H. Lennox, of Maisoneuve, Quebec. Dr. and Mrs. Lennox will reside at 103 St. Catherine Street, Maisoneuve, Quebec.

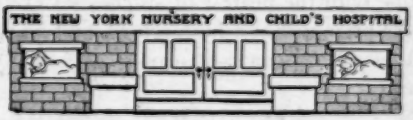
Deaths

MALONY—On March 25th, 1917, at Sherbrooke, Quebec, Miss Georgie Malony, Class 1903, Montreal General Hospital.

The New York Nursery and Child's Hospital

SCHOOL AFFILIATIONS

WE ARE OPEN to affiliations with accredited schools, desiring for their pupils special training in obstetrical nursing and in the care of children, as described below; duration of each course three months—combination course six months, and special instruction in the preparation of formulae and diets for infants and children.



Care is taken to make our environment conducive to the happiness of our nurses and in all ways we aim to provide them with a well-rounded experience.

Our range for experience is wide because of the unusual combination of maternity and baby hospital: the private floor gives exceptional opportunity for observation of methods in general practice, owing to the many physicians in private attendance.

OBSTETRICS

We are prepared to give a thorough and well-balanced three months' course in OBSTETRICAL NURSING. This course includes experience in modern methods in wards and private floors. Our obstetrical work among the city poor is valuable preparation for those wishing to qualify for the widening field of municipal sanitation and social welfare work. Weekly lectures, classes and demonstrations are given, together with evening talks to nurses and patients on prenatal influences; the after-care of mother and child, hygiene, sanitation and many instructive and interesting subjects.

PEDIATRICS

A three months' course is also offered in PEDIATRIC NURSING, for those who desire especial training in the care of children. This course is invaluable in district nursing and civic child-welfare work, including as it does, experience in children's wards, observation wards, baby clinics and boarding-out system, lectures and classes. Formulae-room instruction is included in each course.

POST-GRADUATE COURSES

The above courses are offered to graduates of recognized training schools to whom a remuneration of $10 a month is allowed.

For detailed information address Miss Rye Morley, Superintendent, 161 West 61st Street, New York City.

H.R.H. Princess Patricia Cares for Wounded Soldiers

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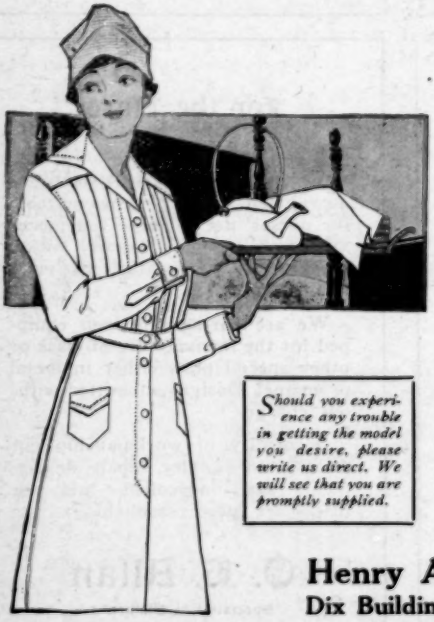

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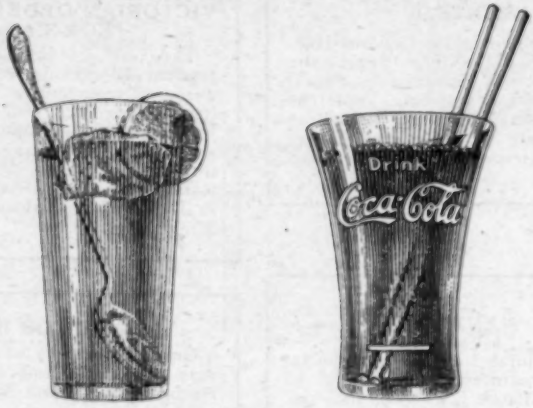

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